PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of ....

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

Town of ....

or
City of _Globe_

State Index No. _212_

County Registrar No. ....

Local Registrar No. _159_

No. .... St. .... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _John Crosby_

{ If child is not yet named, make
{ supplemental report, as directed.

3. Sex of Child _Male_

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other ....
5. No., in order of birth ....

6. Legitimate? _Yes_

7. Date of birth _July 31, 1927_
Month   day   year

8.   FATHER
Full name _George Michael Crosby_

14.   MOTHER
Full maiden name _Rachel Elizabeth Williamson_

9. Residence
(Usual place of abode) _Globe, Ariz._

If nonresident, give place and state

15. Residence
(Usual place of abode) _Globe, Ariz._

If nonresident, give place and state

10. Color or race

16. Color or race _White_

11. Age at last birthday _41_ (Years)

17. Age at last birthday _32_ (Years)

12. Birthplace (city or place) _San Francisco_
(State or country) _Calif._

18. Birthplace (city or place) _West Elizabeth_
(State or country) _Pa._

13. Occupation _Clerk_
Nature of industry

19. Occupation _Housewife_
Nature of industry

20. Number of children of this mother
(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living _first_
(b) Born alive but now dead _none_
(c) Stillborn _none_

21. Were precautions taken against oph-
thalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _8:30_ A. M., on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.
Given name added from
a supplemental report ....

Month, day, year.

Signature _J. C. Harper_
(Physician or midwife)

Address _Globe Arizona_

Filed _7-31_ 19_27_ _St St Harp_
Local Registrar.

Filed .... 19......

Registrar.

County Registrar.

138-731-965